



(49363)58937

#14
Amend D
S. Bryce
11/18/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Osypka et al.)

Serial No.: 09/911,563)

Confirmation No. 6118)

Filed: July 24, 2001)

For: **APPARATUS FOR
VASCULAR ACCESS**)

Group Art Unit: 3763

Examiner: Jennifer J. Maynard

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated August 13, 2003, please amend the above-identified application as set forth hereinbelow.

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited in first class mail addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 on the date indicated below.

Date: November 12, 2003

RECEIVED
NOV 17 2003
TECHNOLOGY CENTER R3700



Scott D. Wolf

3763

AMENDMENT TRANSMITTAL LETTER (Small Entity)

Applicant(s): Thomas P. Osypka, et al.

Docket No.
(49363) 58937

Serial No.
09/911,563

Filing Date
July 24, 2001

Examiner
Jennifer J. Maynard

Group Art Unit
3763

Invention: APPARATUS FOR VASCULAR ACCESS



TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

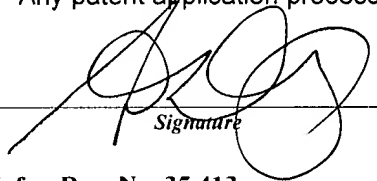
- ☒ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- ☐ A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
|--|-------------------------------------|-----------------------------|--------------------------------|---------|-------------------|
| TOTAL CLAIMS | 31 - | 33 = | 0 x | \$9.00 | \$0.00 |
| INDEP. CLAIMS | 4 - | 4 = | 0 x | \$43.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 04-1105
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.

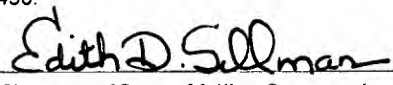

Signature

Dated: 11/10/03

Scott D. Wofsy, Reg. No. 35,413
Attorney for Applicants
EDWARDS & ANGELL, LLP
P.O. Box 9169
Boston, MA 02209
Telephone: (203) 353-6831
Customer No. 21874

cc:

I certify that this document and fee is being deposited on Nov. 10, 2003 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Signature of Person Mailing Correspondence

Edith D. Sillman

Typed or Printed Name of Person Mailing Correspondence